

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 586609

FILING DATE

7-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	2				
3		2				
4		3				
5		3				
6	1					
7	1					
8		1				
9		2				
10	1					
11		1				
12		1				
13		1				
14		1				
15		4				
16		8				
17		8				
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49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						